

Pregnancy, Maternity Leave, and Child Care Experiences at Los Alamos National Laboratory

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This booklet was written using input from many of the members of Los Alamos Women in Science (LAWIS), as well as from other Los Alamos National Laboratory (LANL) employees. The information contained herein is anecdotal, and in no way represents the policies of LANL. Because of the tendency for policy-related information to become outdated, please check with your HR Benefits representative regarding any questions you may have. The quotations from people who have provided information for this booklet have only been altered to fix grammatical errors.

Helpful Web Sites

<http://home.lanl.gov/lawis>

<http://www.lanl.gov/WDWG>

<http://int.lanl.gov/worklife/benefits/index.shtml>

<http://int.lanl.gov/worklife/benefits/lifeevents/maternity.shtml>

<http://int.lanl.gov/worklife/diversity.shtml>

Introduction

Los Alamos Women in Science is an organization dedicated to serving its members through networking and outreach programs. This booklet is designed to be a resource for men and women who are contemplating having or adopting children. The decision to start a family is not one that should be taken lightly, and we hope that this booklet will provide some information and reassurance for couples who have decided to “join the club” of parents around the world. There are many resources available about pregnancy in books, on the internet, and from friends and family, but we thought that the personal experiences of parents at Los Alamos would be valuable because they show how new parents are coping with the many difficulties associated with working at Los Alamos (or anywhere, for that matter) and raising children.

This booklet is divided into several sections, focusing on issues that are recurring topics of discussion among LAWIS members. It is in no way intended to be a comprehensive guide to pregnancy, and it mostly covers routine deliveries of healthy babies. The focus is not on the medical side of the process or on health insurance issues. The first topic is pregnancy at work: declaring your pregnancy, dealing with coworkers, fatigue, stress, maternity clothes, and delivery experiences. The second topic is maternity leave: how much time to take off, using leave without pay, disability, sick leave, and vacation. The third topic is returning to work: full time vs. part time work, breastfeeding and working, good breast pumps to use, and difficulties breastfeeding. The fourth topic is about day care: pros and cons, how to find day care, and using the Dependent Care program at the Lab. The fifth topic is finding all of the equipment, necessary and optional, for keeping baby happy, healthy, and safe. The last topic is a catch all for everything we left out in the previous five areas, including: coping with fatigue and stress, the changing relationship with your partner, and messy houses.

Pregnancy and Work

If you are thinking of becoming pregnant, or you are pregnant, there are some work-related issues that you might want to consider. First of all, you want to do everything you can to ensure a safe pregnancy and healthy baby. The first 12 weeks of your pregnancy are critical, because all the organs and systems of your baby’s body are developing. This is when your baby is most vulnerable to chemicals, drugs, ionizing radiation, and household chemicals. You can have your workplace checked out before you start trying to get pregnant (men and women), or even after you have the baby if you are nursing. You will want to contact the Reproductive Health Hazard Program (RHHP) team, which is composed of people from ESH-2, 5, and 12. They will meet with you confidentially to discuss your concerns. You do not need to declare your pregnancy at this time, and you can get a workplace evaluation without declaring your pregnancy. They can discuss with you the pros and cons of declaring your pregnancy, which is a process in which your line management is notified that you are pregnant. Here are some perspectives on letting people know you’re pregnant:

I had a complication in my pregnancy that landed me in the ER and therefore caused me to cancel a trip to a conference, and so I had it known at work that I was pregnant long before I would have chosen to tell. I'd put it off in general just because of the risk of miscarriage; I wouldn't want to have to un-tell people. But as it worked out, I work with a very great group of men. Most are fathers and so via either their wives or daughters they had a great deal of empathy for my fatigue, sickness, difficulty concentrating, and frequent sick-absences. I couldn't have asked for more support.

Since I routinely work with gram quantities of plutonium, I tend to err on the side of caution and declare to ESH-2 and my bosses as soon as the pregnancy is confirmed. However, the two times I became pregnant, the CMR building was shutdown to programmatic work for 4+ months, so I didn't have to really worry about the most formative weeks anyway. Had I been trying to get pregnant (while doing programmatic work) I probably would have donned a lead apron as a "just in case" precaution. (Most likely over kill since I haven't gotten over 400 mrem in a year, which is below the DOE limit of 500 for pregnant woman. But it would have put my mind at ease). I didn't really declare to my coworkers until I had to explain why I couldn't go into the gloveboxes and do work once the CMR restarted programmatic work. Advice to others would be to declare early if you work has the potential to affect the developing fetus (teratogenic chemicals or radioactive work) as the management is required to place you into a position that will not harm the fetus. Otherwise, declare when you are comfortable with it, but realize that by 6 months or so, it becomes obvious to everyone.

I didn't really have a plan for this. I ended up telling some coworkers of relatively comparable age early on because of a planned social gathering, and a female coworker because I was asking her advice about something. I also went through the official declaration process with the lab, even though I'm an office worker and most of the hazard stuff didn't really apply. You get an ergonomic analysis of your office, which could be useful, though.

I didn't declare at first, because I thought it wasn't anyone's business, but when I needed to work in an area with potential radiation exposure, I declared to ESH-12, and they did a complete workplace evaluation of all of the labs and offices I work in and they issued me a monthly dosimeter (instead of quarterly). My supervisor already knew I was pregnant, since I'd told him already, so it wasn't a big deal.

I think the lab has a lot of good resources for expectant parents and for parents planning to be expectant parents one day soon. I took

advantage of all of those resources and it helped a lot when it came time to “declare,” schedule time off through my group, apply for disability, etc. Take advantage of all the resources available!

These quotations have touched upon the topic of coworkers. Overall, most people responding had positive experiences with their coworkers and supervisors.

Coworkers didn't seem that bad. Of course you have the occasional person who thinks too highly of their wittiness and can get aggravating after a while, but I didn't get a whole bunch of unwanted advice. After having a horrid one-day vomit bout in my second trimester, another woman who had heard me throwing up in the bathroom offered me a ride if I ever needed it to wherever.

I never really had a problem with this. Coworkers seemed to accept it and not dwell on it till those last few weeks when you will get the never ending “you're still here?” or “you look like you'll pop any minute now” comments. (Course I was 2 weeks overdue and huge as house....)

When asked what I was going to do by way of leave, I said I'd be taking my full leave, and everyone said that was a wonderful decision, etc and so forth. The baby was a preemie, too, so I left things in a mess at work. My colleagues were great about doing one or two little time-critical things for me (like getting my proofs back to the journals and so forth). As ever there were one or two people who were awkward about the issue, in particular one man and one woman who didn't seem to know how to talk to me once I got huge, like it was the only thing they could see: SHE'S PREGNANT!!! But every group of individuals will have a couple you can't relate to. But in general: don't fear people's reactions. There may be some dinosaurs with ante-diluvian attitudes, but most people want to be helpful.

My team leader was trying very hard to be empathetic, but he's not all that clued into people sometimes. So I found that open dialogue with him worked very well, rather than just expecting him to “get it.” I bit the bullet and explained: I feel sick and exhausted, my head is foggy, and I can no longer tolerate 4 hour meetings, so I need to make some changes. Once he understood, he was very helpful. He has kids, but 25 years ago the world was a different place and probably his wife just dealt with pregnancy largely on her own. Communication is really best.

Once you have dealt with the announcement, either official or unofficial, that you are pregnant, there are lots of other fun issues that come up, such as trying to sit at a meeting for more than a half hour, and coping with the usual work-related stress when you're

tired. The way that you may feel will vary depending upon the stage of your pregnancy, and the side effects vary widely from person to person.

[Fatigue] is always a problem for me in the first 3 months and the last couple of weeks. During my first pregnancy, it really wasn't a big problem as I was postdoc and relatively free to set my schedule as I saw fit. No one really cared if I was napping in the restroom or didn't come in till 9am. With my second one I was a TSM so people did care and it was much tougher to stick out the day. Never did find a good resolution for it.

I found myself being the stereotypical weepy pregnant woman too often-- anything that would normally have annoyed me or slightly upset me became a big deal. Having my own office would have been useful in that at least I could have cried in private. I don't know what to say about how to deal with it, other than to realize it's going to happen and try to avoid situations you know will provoke an unwanted reaction.

I continued both studying and working and everything was fine. Well, everything was fine except for the nausea. I vomited, every night, until the day my son was born. The positive aspect is that it made much easier to keep my weight under control and I learned not to get too bothered with it.

Having started out with more than a necessary amount of weight, I was informed that I shouldn't gain too much. Exactly how much is too much? I seem to recall a book saying overweight women should gain less so that they don't have problems getting the weight off afterward, not because of a concern about the baby's health with too much weight gain. So try to eat well, but don't obsess. It'll just cause you more stress, and I think that the stress is as or worse for the baby than a few more calories!

And in the end, I gained less than 25 pounds, so I did okay, anyway. Morning sickness just sort of snuck up on me. I'd been doing okay for the first 3 or 4 weeks, then one morning on the way to work I had to pull over. I threw up in someone's yard. After that, I was more careful about not eating breakfast, or just having a few crackers and water when I woke up. I felt nauseated all day for about 3 months, then it went away, and I had a two-month respite where I was neither nauseated nor huge.

We asked people about finding maternity clothes, since we all know the limited shopping that is available in northern New Mexico. Some people were creative with leggings and big shirts, and others went to stores such as Lane Bryant that sell women's sizes, and they

just bought larger-sized non-maternity clothes. Specialty stores are mostly in Albuquerque; however, JC Penney and Sears both have lots of maternity clothes in many sizes, and you can shop in the stores, by catalog, or online. There are also many online maternity stores, such as <http://www.motherhood.com>. If you search through the Yahoo pregnancy section (under health), you will find lots of stores listed, as well as other pregnancy resources, such as a week-by-week calendar of your baby's development. A great place in Albuquerque is Growing Life, which is owned and operated by a registered nurse. They have maternity clothes on consignment, and tons of nursing gear. They also have nursing bras in every size. It is best to get fitted for a nursing bra after your engorgement has gone down, and they will do that for you at the store. They also have a great web page at <http://www.growinglife.com>, where you can mail order nursing clothes and supplies. Expect to pay about \$30 for a good nursing bra, but they are well worth it.

Childbirth and Support Services

When the big day comes, there are lots of questions that parents have about pain medications, induction, cesarean sections, etc. *What to Expect When You're Expecting* is a classic book that has lots of information about labor and delivery. Many women (and their partners) swear by epidurals, while others never use any drugs. The most important lesson is that you will not be able to control the process, and it will probably not go as you expected it to. The best you can do is to be informed about all of the procedures and protocols, since they will ask you for permission to do things, and you may have a choice, in some cases. Try to take a class at the hospital where you'll be delivering. It's fun, and you get to meet other expectant parents. As part of the class, they usually give you a tour of the labor and delivery floor. If you can't take a class, try to ask for a tour of the floor before the big day, that way you'll be familiar with it. And, definitely make sure you know how to get there and where to park, in case the labor happens faster than you thought! Make sure you call the floor first, so that they know you are coming. Lots of information and checklists for preparations are available on the Internet, but (as always with the internet) make sure you go to a reputable site.

If you have problems with delivery that result in complications for you or the baby, be sure to ask your doctor about support services for your situation. There are many possible scenarios, such as premature delivery, or having a baby born with some other medical problems. Remember, you are not alone. Seek support from friends and family, and also from the medical community.

Check your extended family's medical history. Conditions that run in your family (diabetes, blood pressure, thyroid) may come out of hiding during a pregnancy even if you do not normally show any symptoms, and you and your doctor want to know ahead of time if twins run in your partner's family. No matter how you have prepared your supervisor and co-workers, these little surprises can completely revise your plans and schedules.

We certainly hope nothing does go wrong, but remember that pregnancy and childbirth are not 100% risk-free. If you or your child has a serious complication, be sure to ask about available help. Whatever your situation, other people have been through something like it.

Read, read, learn, learn, follow-up! Your doctors can generally provide initial pointers to relevant resources, from medical services and physical therapy, to support groups and even schools. We utilized the Visiting Nurse service, and in-home visits by physical and speech therapists.

Be prepared for your insurance carrier to second-guess some of the decisions made by you or your medical providers, and to nit-pick whether everything is really the “usual, reasonable, and customary” fee. If you need supplemental medical services, try to comparison shop. Partly this is a reaction to insurance second-guessing, but it's also practical. Make sure you know exactly what is wanted from the service, so that you can ask all the right questions of the available suppliers.

My first child was born at 28 weeks, with medical bills that caused me to notice the “lifetime maximum” clause in the insurance. Some of the second-guessing was borderline harassment, such as reimbursing 5 identical \$75 bills at slightly different amounts. One \$3000 item was only reimbursed after senior LANL management intervened on our behalf, over a year later. My second child was a bed-rest baby, and the insurance company at the time refused to pay for a contraction monitor because it didn't prevent premature labor (well, at least they did cover the meds).

My son needed supplemental oxygen for several months. We went with the Los Alamos supplier (rather than one of the Santa Fe suppliers), and found out too late that they did not provide for in-home blood oxygen-level monitoring, which was critical under our circumstances.

Public schools are under Federal mandate to provide support services for children with special needs. In Los Alamos, there is even an “early intervention” pre-school that will evaluate your child and tailor a program to your child's needs. Examples include physical therapy, speech therapy, classroom and curriculum modifications, and classroom assistants. One of the most important items the Los Alamos school system provided has been a heavy dose of awareness to the other students that everyone should be treated with respect. These programs only work with your input, however. Don't be afraid to ask for something they didn't think of, or turn down something they recommend. You know your child better than the diagnostician who sees your child for a short time in a structured setting.

Maternity Leave

We hope that your labor and delivery go easily. Once you have your precious bundle of joy, what's next? If you haven't already stopped work, you'll have to make arrangements for your leave. You should try to take care of all of this before the baby comes, but that is not always possible. At LANL, both parents are entitled to up to 12 weeks of leave under the Family and Medical Leave Act (FMLA). This leave is unpaid, unless you can use vacation, sick, or employee-paid disability. Moms are allowed 6 weeks of disability for a vaginal delivery and 8 weeks for a c-section. There is a detailed discussion about disability below. Partners can also take family sick during that 6 or 8 week period, but check this with your supervisor. Some group leaders remember the old days, when "dads" were only allowed to take a sick day on the delivery day, and the rest had to be vacation. This issue is worth pushing on, because it's very nice to have a partner at home with you while you're trying to rest and (possibly) get established nursing, and it's a good chance to save your vacation and use sick leave.

I've got a 30-day waiting period before disability kicks in, which translates into needing 21 days of sick leave or vacation to cover the first 4 weeks. The next two weeks are covered by disability (4 if you have c-section). If you need more time than that, you have to use up the rest of your sick leave, vacation or take LWOP. I've managed to have my kids so that I have the required 21 days of sick leave to cover those first 4 weeks without dipping into vacation time. Since I am the only breadwinner in the house (hubby does the Mr. Mom thing) I can only afford the 6 weeks to 8 weeks covered by disability. Then I have to come back. With my first, I was ready to come back as I was going stir crazy at home, but with my second I had mellowed out and really would have preferred to stay home longer, but couldn't afford it.

I recently adopted a baby from overseas. I was very surprised to find out that LANL does not pay sick leave (maternity leave) for new mothers and fathers to stay at home for the traditional 6 weeks after an adoption. Of course I knew I could take vacation and LWOP under the Family Leave Act, but who can afford to take LWOP for weeks and weeks; especially when you have just spent tens of thousands of dollars on making your family dreams come true. I was told by ESH-2 that the traditional 6 weeks off for maternity leave is for mothers to get well after childbirth and not to take care of a newly arrived baby. I was lucky in that our baby was coming from overseas. There are many attachment and detachment issues a baby from overseas faces. Therefore, these babies are considered to have a disability, so luckily I was able to take a culmination of sick (as S2 sick leave to stay home with immediate family member) and vacation to bond with, and set routines with, our new bundle of joy. I walked away from this experience knowing that if we would have adopted a newly born infant from in-country, I would not have been able to take maternity leave in

the form of sick leave. It truly is not the experience of adopting and raising a baby that makes new adoptive parents feel less of parents, because of course they are just as much of a parent and family as “natural parents” and normal family situations, it is things such as this type of loop-hole in maternity leave that makes adoptive parents feel less like “real” parents. I’m over it but it was very frustrating at the time.

[I used] sick leave and vacation, no LWOP (although there very well might be for the next one. Disability, since all that I have is University-Paid, wasn’t worth it (I applied for employee paid, but was turned down). IF YOU WANT DISABILITY, SIGN UP FOR IT WHEN YOU HIRE ON! Otherwise, you have to go through a “statement of health” procedure that makes it quite easy to turn you down. ...The day care spot that we got opened in June, and so either my hubby or I needed to stay home until then. That meant about 4 months.

These comments bring up several issues that are important to new parents. Adoptive parents go through the same trials and tribulations as “natural” parents, yet their issues are not always appreciated from a bureaucratic standpoint. If you are considering adoption, be sure to probe all the LANL policies regarding your situation ahead of time. These policies tend to change depending on whom you talk to, and it’s important to get a “second opinion” or even a third before you give up. You can always ask for the policy in writing, just to be sure.

Disability is topic for which we receive many inquiries. It is very confusing to figure out how it works. All lab employees have U.C. paid disability, but this doesn’t apply during pregnancy. The only way you can use disability during pregnancy is if you have employee-paid disability (which you signed up for when you hired on) and your waiting period is 7 or 30 days. If you have a longer waiting period and you want to shorten the waiting period, or if you don’t have employee-paid disability at all, and you want to sign up for it, the only way you can do this is by applying to the company. They will do an investigation, where they can ask for any or all of your medical records. Based on the anecdotal experience of women at Los Alamos, it is extremely difficult to get approved for disability or to shorten your waiting period to 30 days. Although it is presented as an option, it is not something that you should realistically count on. So, as fair warning, if you have 7 or 30-day disability, and you plan on having children, don’t extend your waiting period to save money, because you probably won’t be able to go back to the shorter waiting period when you want to. Just pay the higher premiums until you’re done having children, or until you’ve built up 60 or 90 or 180 days of sick leave. It probably goes without saying that, as a new parent, you’ll probably be using up most of the sick leave you had saved up on the inevitable ear infections, fevers, etc., when you have to stay at home with your child.

If you are lucky enough to have employee-paid disability with a (7- or) 30-day waiting period, you will be able to use this during the first 6 to 8 weeks after the birth of your baby. Your waiting period can start anywhere from up to 2 weeks before your due date. You stop working at some time, and your waiting period clock starts ticking. You can take sick and vacation during the waiting period, which is in calendar days, not working days, so 30 days of waiting is 21 days of sick or vacation. Then, you start taking leave without pay (LWOP). If you don't have disability, you can just continue to use your sick and vacation. With disability, you take leave without pay until it is 6 weeks *after the baby's birthday* (8 weeks for a c-section). So, if you started the waiting period 2 weeks before your due date, then you delivered (vaginally) on your due date, you have 2 weeks of waiting left, and then you get 4 weeks of disability pay. Disability pays about 70% of your salary, and it is tax free, so you're often bringing home more money than while you're working. Your 403B contributions stop during this time period, and since you are on LWOP, you don't accrue vacation and sick.

After the disability period is up, you must decide whether to continue on LWOP, which you are allowed to do under the FMLA, or if you will start using vacation, sick, work part time, or go back to work full time. These are all options that you have to choose from based primarily on your financial situation. Your supervisor cannot force you to return to work after 6 weeks. Your leave is protected for up to 12 weeks. It can even be extended under different medical circumstances.

Returning to Work

This brings us to returning to work. This is a very personal decision, and you probably won't figure out what you want to do until the actual time comes to decide. Do you want to stop working altogether? Can you afford to do it? Can you work part time? Are you tired of being at home and can't wait to get back to work full time? All of these questions have been answered in both the affirmative and negative by new parents at Los Alamos.

There are also questions about how to return to work and continue to breastfeed. For exempt employees, you are only allowed to take vacation in 4-hour increments. If you want to stop off at daycare and breastfeed, this can be difficult. One option is to use the fact that you are exempt, and take an hour or two each day so that the total you use in a week adds up to a multiple of four, then just record your time with a few 4-hour vacation slots. If you only use 2 hours total per week, that can be recorded as a discretionary absence. You can also take LWOP in 2-hour increments. If your supervisor approves, you can take almost 50% of your time as LWOP. This is different than going part-time, because you still get full credit for years of service. If you went half time for a year, you would lose a half a year of service credit. You may find it difficult to return to full time when you want to. If you decide to switch to part-time work, you may want to get it in writing that you can return to full-time when you decide you are ready.

I came back 1/2 time (and 1/2 time vacation) my first week back to iron out any problems we might of had with the child due to my

absence. With both kids, I really didn't have any problems with them adjusting to it at all. So the next week was full time.

What I did was to come in a few random days in the second and third months, then after my husband got back from a trip that he had been preparing for for about a month, he stayed home for most of 2-3 weeks, and I came in. Then once the daycare slot opened, I went directly to regular full-time.

I came back part time, using vacation. We didn't have daycare right after my leave ended, so I had to be flexible. I worked some each day, and my husband stayed at home, using LWOP. We used him more in this capacity because his salary was lower, and he was allowed LWOP under the FMLA.

After the baby arrives, life is harder. I was lucky to be able to convince one of my aunts to live with me for 5 years. I am not sure she ever understood how much she helped me. I would get home at lunchtime for breastfeeding. To do this, I arranged my schedule allowing for some large intervals between morning and afternoon classes.

As you can see, the decision of how to return to work is a personal one. The decision to return to work can be tough on a new mom, especially if she is breastfeeding. The universally recommended breast pump for a working mom is the Medela Pump-In-Style, a medical-grade electric pump. You can pump both breasts at the same time, meaning that the session will only take 15 minutes (or less if you're faster). With a cigarette-lighter adapter, you can even pump in the car, although this is not recommended if you are the one driving! You can purchase the Medela pump from the LAMC medical supply shop, and also at Growing Life in Albuquerque (they'll ship it for free) or online. It is about \$250, which is quite expensive, however, you can also rent the pump from the LAMC. If you are going to breastfeed for more than 6 months, or if you are planning on having more children, purchasing the pump is most cost-effective, especially when you look at the money you will save not buying formula! If you buy a used pump, please purchase a replacement kit for all of the external pump parts to avoid cross-contamination. These are available wherever the pumps are sold for a nominal price. You can continue to pump during the day and nurse at home in the mornings and evenings for as long as you and your baby want. So, returning to work doesn't mean that you have to stop nursing.

Most books you read about motherhood assume one of two scenarios: either you're breastfeeding and pumping at work to keep your supply up and provide food for your baby while you're away from her/him, or you bottle feed formula. There's another possibility-- you've had horrible problems breastfeeding but still want to give your baby breast milk, so you pump breast milk and then bottle-feed it to her/him. Trust me, if you meet such a woman, she doesn't want to hear that "if

you just tried a little harder or kept with it longer, you could breastfeed just fine.” Inverted nipples and other breast/mouth problems don’t necessarily work themselves out quickly or easily. I was wearing shells for 1.5 months before my baby was born, and had made some good progress. But the three days of no bra wearing (and thus no shell-wearing) in the hospital when she was born were enough to obliterate the progress I had made. She was a relatively small baby as well, so between her small mouth and my non-nipples, it was basically impossible for her to get a good latch. So I started pumping. That process was much more certain and reliable, and I ended up continuing to do it.

Daycare

Returning to work brings up the inevitable issue of who will take care of your baby during the day. First and foremost, as soon as you get pregnant, start looking into daycare. It is not much of an exaggeration to say that you should be on the waiting list before you’re even pregnant.

I knew what the daycare situation was in town, so I started looking early (like before I was 2 months along). I signed up incredibly early (in July for a June slot), and still didn’t know definitively until after she was born that I had a slot. We heard about other possibilities in between signing up and knowing, but I just kept faith that we would get the slot, because it was the most convenient one for us. [My daycare is] dependable, reliable, and consistent. The people are friendly, and as my daughter grows older, I think she’ll have a lot of fun.

Day care in this town is deplorable -- not that it is bad, just that it is lacking. Start looking early -- a year in advance, start educating yourself about options and making appointments to see places and get on waiting lists. Home-care providers won’t know that far in advance whether they’ll have openings, but it’s good to get some referrals that far in advance so you can get acquainted with them before having to choose.

If your situation results in long-term effects on your child, this may further complicate your daycare options. Never mind infant care (we hired individual care in our own home, and paid for CPR training), finding a pre-school or after-school program that can work with you may be difficult. I don’t believe our needs were excessive - no mobility issues such as a wheelchair, for instance - mostly it was a case of awareness and flexibility. However, one center in town acted as though his disabilities were our fault, and refused to even consider any accommodations. Fortunately, two other centers in town were more

than willing to work with him, through the pre-school and elementary school years.

State-licensed, infant-care providers can be very hard to come by in Los Alamos. There are a few centers uptown and in White Rock, but you may need to be on their waiting lists about a year in advance of when you expect to enroll your child. Even then, there is no guarantee, and most of them require at least 35 hours per week of enrollment. It helps to be on multiple lists at the large facilities and also to explore home-based providers through referrals you get from friends. The supply and demand of daycare is variable, and you should research the current situation if you are going to need daycare.

There is currently a proposal by LANL to open a daycare facility, and you should contact Human Resources for an update on the proposal. There are no sick-baby daycare facilities, and you or your partner will have to keep the baby at home if he/she has a fever. If you do have difficulty finding a daycare provider, please let someone know, either in LAWIS, WDWG, or in the Human Resources Division. If no one knows about problems finding childcare, they will assume that there are no problems. HR is working on a database of providers that people will be able to search. Check their web pages for more information.

When you do use daycare, LANL has a program called DepCare, which you can use to get up to \$5000 per year of your childcare expenses tax free. You enroll in the program as soon as your child is starting daycare, and a fixed amount is deducted from your paycheck before taxes. This goes into your personal DepCare fund. Then, you pay daycare fees out of your pocket, get a receipt from your provider, and after the care has been provided, you submit your receipts to the U.C., who will reimburse you out of your DepCare fund. Right now, the maximum annual amount is \$5000, and most people's daycare expenses will be greater than that, annually. However, if you are in the 20% tax bracket, it saves you \$1000 in taxes annually, so it is well worth the hassle of submitting receipts. There are information booklets about this benefit on the U.C. benefits web page <http://www.ucop.edu/bencom/>.

Baby Equipment

One of the more fun aspects of having a baby is finding cute clothes and toys for your little one to wear and play with. However, keeping your baby equipped isn't very fun when you run out of diapers at 6 p.m. on a Saturday. Here are some words of wisdom from experienced shoppers:

I think Target is a good place to buy diapers, since they're often on sale and you can save something like 30% off the price up here. I don't use formula, but I imagine they have that, too, and since I hear it's pricey, it's worth the drive. We got most of our basic stuff (infant carrier/car seat/stroller combo, bassinette) at either Target or Toys-R-Us. But the selection is small here in Northern NM, so we also buy online a lot -- high chair, baby backpack, baby Bjorn.

Costco and/or Sam's Club, for the staples. Target for the various little things.

My husband was in heaven when he realized that baby stuff involves checking it for structural integrity -- crib, stroller, etc -- they all had to pass his Tests. He insisted our first car seat have the 5-point restraint, but he admits now that strapping our son into that jet-fighter-harness is a pain, and the new seat we have has the 3-point restraint.

The hospital helped me in getting a hold of preemie diapers.

Especially if you end up having a small infant, I think it's better to start with a seat designed especially for their size. And before they get old enough to sit up and that sort of thing, having the seat be the kind that's a carrier as well is really useful for carrying them around and putting them in carts and such. I think that with our daughter, we should be able to make it to her first birthday without having to switch to another rear-facing seat, which gives us more choices in toddler seats.

For where we live and how much we thought we would be "strolling," we decided not to get a monster-size stroller and/or travel system. Instead, we just got a simple lightweight umbrella stroller. It's easy to transport, and I don't recall a time we would have used the other kind of stroller before she got big enough to use the umbrella stroller.

Sam's club. They had the best prices on diapers when we researched it out (3 years ago). Plus you can buy a case or two at a time and not have to make constant diaper runs to the store (it is amazing how many you will go through). Formula...we tend to buy in bulk at Sam's as well. Just easier if you don't have lots of little cans around. But we only do that after I've weaned the child from the breast. With my first that was at 9 months so we didn't have to buy formula for very long. I am assuming that my second will follow a similar course. Generally, if you use a lot, buy in bulk. We buy the shampoo, soaps, Cheerios, diapers, Desitin, etc. at Sam's.

I've gotten things from Target, Wal-Mart, Toys-R-Us, TJ Maxx, baby center, and the internet.

We shop a lot online, but we got our car seat/stroller system from Target. That was handy for a while, but our baby outgrew the little car seat in about 4 months, so we got one of those convertible ones that starts out rear facing, then goes to front facing, then a booster seat. Later, we read in consumer reports that they think the booster seat part

is inadequate. If we were going to buy again, we'd check consumer reports first, or possibly just buy the one that goes from front to back, but isn't a booster seat. The booster seats are quite cheap on their own, anyway, and you don't really need it until the kid is 3 or 4 years old.

We went with the type of infant car seat that you can pull out and take with you. You can set it into shopping carts, carry it, or put it on the matching stroller. These are really nice when they are young, as you don't have to wake up the kid when you go in and out of stores or travel. These are good at best for a year, but many kids can outgrow it by 6 months if they are chunky monkeys. Then when they outgrow that we go to a fixed car seat that "grows" with the child. So it can be rear facing while they are little then a regular car seat and then a booster for when the kiddo gets big (4 years or so). That way we aren't constantly buying car seats. Best advice on these is to try the car seat in your car before you buy them. Most stores will let you do this. You want/need to make sure the seat fits your car's seats before you buy them.

We got a Weego, but I prefer the sling. It's more flexible if you have a long/heavy baby. You can also use it when they're bigger just to sit the baby on your hip. We get our diapers at Sam's or Target, along with wipes.

Baby Bjorn works very well and has a minimal amount of fabric involved, which is definitely good in summer. We also have a Weego, and that seems to work pretty well, too, with more zippers and snaps and overall covering involved.

We use the snuggli, but I've always thought that the slings are probably easier to get the kids into and out of. Snugglis are nice though if you want your hands free.

As you can tell, there are lots of shopping options. Amazon.com has a baby section that has reasonable prices, and there are actually many online baby stores if you don't have the time or energy to drive to Santa Fe or Albuquerque (RightStart.com, OneStepAhead.com, etc.). Remember to keep your baby in a rear-facing car seat until they are 20 pounds and 1 year old.

Miscellaneous

We asked people to also comment on other issues related to having a new baby, such as lack of sleep, their relationship with their partner, and living with a messy house. Here are some of the responses we got:

Each night we put the baby down by about 7:30, pick up his toys and little gym, light some candles (the mess is less obvious in the dark) and we have a couple hours to spend together in a nice space. Usually we're just tired and curl up on the sofa, but it's important to have that time to just talk, without keeping one eye and ear on a 6 month old dictator. And some things are just going to slip a bit at the beginning. Dusty bookshelves are a small price to pay to spend an extra 5 minutes hearing your child laugh.

Try to sleep as much as you can. Easily said, not as easily done. (I know from experience). Luckily, I have a baby who began sleeping regularly at night from early on.

Enjoy your baby; they're not babies for long.

I learned the hard way ... let the baby fuss without picking it up in the middle of the night. Our kids did not sleep through the night until they were over a year old because my husband would pick them up with every little fuss (I slept right through). I have been told that if the baby is in a different room than your own then they will wake you when they really need to be fed.

But seriously, the marriage does need to be nurtured and the only way to do that is to regularly take time by yourselves...this started my husband and me "dating." We have a standing lunch date every Thursday. Our other saving grace was to send the kids to their grandparents every summer for a spell. We started doing this when our youngest was about 4 years old.

I solved this by having certain areas of the house I kept neat and clean and other areas I just refused to clean (family room).

I think the best way to operate (not that we've managed it yet) is to have a minimal approach to decorating. Less stuff to clean, to get misplaced, to be grabbed by the baby, etc.

Well, you don't get much [sleep] in the first few weeks, but you usually start to get some more by the end of your maternity leave at 6-8 weeks. Since my husband stays home he has night duty for fussy kids. I just feed when he tells me the kid is hungry (he doesn't come equipped for it)...

Yep, my son's birthday was a month ago and I still have peanuts and brown paper strewn across the living room. Forget dusting, I don't think I've dusted the house since my mother visited 5 months ago (when the 2nd child was born...). I just figure I'm strengthening my

kids' immune systems letting them live with dirt. My job is to get them to pick up their toys so no one kills themselves in the dark. And I try to keep things that might be dangerous to them (knives, little bitty parts...) put away. But other than that, who cares is my motto. Now if I could just get my Mr. Mom to cook and clean, I'd be in 7th heaven.

We try to trade off if one or the other is completely exhausted. Usually, one of us says, "I'm at the end of my rope," and that's the clue that tells the other person to take over. We're sharing a lot of the baby responsibility now, and my husband has really learned how to do almost everything on his own. The best break I can get is to take a nap for a few hours completely uninterrupted, then wake up and see that the baby is fed, dinner is ready, and the kitchen is cleaned up. All of those things never seem to happen, but sometimes two out of the three do, and it's great.

The main themes seem to be: don't worry about cleaning everything, get sleep whenever you can, and try to find some way to nurture your relationship with your partner so that you both feel valued.

Conclusion

Pregnancy, maternity leave, and parenting are often difficult when one or both of the parents are working. There are resources available for working parents at LANL. If you are pregnant, or even just thinking about it, you can get workplace evaluations to protect yourself and your child through the Reproductive Health Hazard Program.

Thanks to the Internet, there are many more shopping options for Northern New Mexicans, and Target and Sam's Club provide a good supply of staples such as diapers and wipes. The biggest question for working parents is how much time they should take off. This will depend on many factors: health of mom and baby, amount of vacation and sick leave, disability, how much LWOP you can afford to take, and when daycare will be available. In Los Alamos, daycare is a very sensitive topic. In general, people have good experiences with their providers. The difficulties usually lie in finding a provider with an open slot when you need it. LANL may be opening a daycare facility, and HR is creating a searchable online database of local providers.

Hopefully, you will find some of the information in this booklet helpful. If you need more information, please look at the HR web page, as well as the LAWIS and WDWG web pages, listed at the beginning of this document. Please contact the author, or any members of LAWIS or the WDWG if you'd like to talk with us or participate in our organizations.